

KENTUCKY BOARD OF NURSING  
312 WHITTINGTON PARKWAY, SUITE 300  
LOUISVILLE, KY 40222-5172

**SUMMARY REPORT OF KENTUCKY BOARD OF NURSING ADVISORY OPINIONS  
ON NURSING PRACTICE ISSUES**

**July 1, 2004 – June 30, 2005**

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- *Advanced Registered Nurse Practitioners and Cardiac Rehabilitation Programs (08/04)*
- *Registered Nurses Prescribing Medication via Established Protocol Following Telephone Triage (12/04)*
- *Performance of Punch Biopsies and Small Skin Lesion Excisions by Registered Nurses (12/04)*
- *Roles of Nurses in Surgical Site Markings (12/04)*
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- *Midclavicular IV Catheter Placement (Reference AOS #25) (02/05)*
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Advisory Opinion Statements – Withdrawn

The following Advisory Opinion Statements were withdrawn and archived as these documents address practice matters that have been incorporated into the common practice of nursing:

- AOS #01, Role of the Registered Nurse/Licensed Practical Nurse in Spinal Screening for Detection of Common Abnormal Curvatures of the Spine
- AOS #02, Role of the Advanced Registered Nurse Practitioner, Registered Nurse, and Licensed Practical Nurse in Gynecological Cancer Detection
- AOS #06, The Performance of Arterial Puncture by Registered Nurses
- AOS #07, Roles of Nurses in Superficial Wound Closure

Advisory Opinion Statements – Revised:

- AOS #03, Roles of Nurses in Intravenous Therapy Practice
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- AOS #05, The Performance of Advanced Life Support Procedures by Nurses
- AOS #08, Role of the Registered Nurse First Assistant
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- AOS #10, Roles of Nurses in the Care of Intrapartum Patients
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- AOS #13, Roles of Nurses in Psychiatric-Mental Health Nursing Practice
- AOS #14, Roles of Nurses in the Implementation of Patient Care Orders
- AOS #16, Roles of Nurses in the Administration of Medication Via Various Routes
- AOS #17, Roles of Nurses in the Administration of “PRN” Medication and Placebos
- AOS #18, Employment of Nursing Students as Nursing Personnel Using Either an Academic or a “Nurse Extern” Service Model
- AOS #19, Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery
- AOS #20, Roles of Registered Nurses in Invasive Cardiac Procedures
- AOS #22, Roles of Nurses Who Provide “Private Duty” Nursing
- AOS #23, The Application and Removal of a Cast by Nurses and Closed Reduction of a Fracture by ARNPs
- AOS #21, Roles of Nurses and Technicians in Dialysis
- AOS #25, Peripheral Insertion of Central and Midline Intravenous Catheters by Nurses
- AOS #26, Roles of Nurses in the Delivery of Prehospital Emergency Medical Care Via Ambulance Services
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- AOS #28, Roles of Nurses and Unlicensed Nursing Personnel in Endoscopic Procedures
- AOS #29, Cardiopulmonary/Respiratory Nursing Practice
- AOS #30, School Nursing Practice
- AOS #31, Removal of Femoral Access Devices (Sheaths) and Use of Mechanical Compression Devices by Nurses
- AOS #33, Roles of Nurses in the Delegation of Tasks to Paramedics in a Hospital Emergency Department

### Advisory Opinion Statements 1983 - 2004 Summary – Published

This report consolidates the advisory opinion statements core information and contains a chart/grid that summarizes scope of LPN/RN/ARNP practice from all the Advisory Opinion Statements to date as a quick reference document. It is available on the Board’s website.

The primary mission and purpose of the Board is to enforce public policy related to the safe and effective practice of nursing in the interest of public welfare. As a regulatory agency of state government, the Board of Nursing accomplishes this mission as authorized by Kentucky Revised Statutes (KRS) Chapter 314—The *KENTUCKY NURSING LAWS* and attendant administrative regulations. In accomplishing one aspect of the mission, the Board of Nursing issues advisory opinions on what constitutes the legal scope of nursing practice.

An opinion is not a regulation of the Board; it does not have the force and effect of law. Rather, an opinion is issued as a guidepost to licensees who wish to engage in safe nursing practice.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
  - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - 3. Intervening when emergency care is required as a result of drug therapy;
  - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

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- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.021(2) imposes individual responsibility upon a nurse to undertake the performance of acts for which the nurse is educationally prepared and clinically competent to perform in a safe, effective manner. This section holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

Acts that are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and experience to perform those acts safely and competently. A nurse/licensee who doubts his/her personal competency to perform a requested act has an affirmative obligation to refuse to perform the act, and to inform his/her supervisor and the physician prescribing the act, if applicable, of his/her decision not to perform the act.

If a licensee accepts an assignment that the licensee believes is unsafe or for which the licensee is not educationally prepared, then the licensee also assumes the potential liability, which may occur as a result of the assignment. Others may equally or concurrently be responsible, accountable, and liable for a licensee's actions.

Practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidenced based.

The Board has published "Scope of Practice Determination Guidelines" as a decision making model for an individual licensee to use in determining whether the performance of a specific act is within the scope of practice for which the individual is educationally prepared, clinically competent and licensed to perform. Individuals are encouraged to utilize the "Guidelines" in making decisions as to whether he/she should or should not perform a particular act. A copy may be obtained from the Board office, or on the Board's website at <http://kbn.ky.gov>.

The responsibilities which any nurse can safely accept are determined by the variables in each nursing practice setting. These variables include:

1. The nurse's own qualifications including:
  - a. basic prelicensure educational preparation;
  - b. knowledge and skills subsequently acquired through continuing education and practice;  
and
  - c. current clinical competence.
2. The "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience.
3. The complexity and frequency of nursing care needed by a given client population.
4. The proximity of clients to personnel.
5. The qualifications and number of staff.
6. The accessible resources.
7. The established policies, procedures, standards of practice, and channels of communication which lend support to the types of nursing services offered.

To date, the Board has published thirty-three (33) advisory opinion statements, as listed on the "Kentucky Board of Nursing Publications" form and on the Board's web site at <http://kbn.ky.gov>.

Advisory opinion statements are developed and published when:

1. Multiple inquiries are received regarding a specific nursing procedure or act;
2. The Practice Committee determines that a specific nursing procedure or act has general applicability to nursing practice and warrants the development of an opinion statement; or
3. The Board directs that an opinion statement be developed.

When studying issues, the Board reviews and considers applicable standards of practice statements published by professional nursing organizations; the educational preparation of both registered and licensed practical nurses as provided in the prelicensure nursing education programs in the Commonwealth; and, when applicable, the organized post-basic educational programs for advanced registered nurse practitioners. The Board also gathers information regarding practice issues from nurses in relevant practice settings (including staff nurses, supervisors, nurse faculty members, etc.) and/or representatives from state nursing associations in the Commonwealth, among others. Further, the Board reviews applicable opinions issued by the Office of the Attorney General.

In addition to the thirty-three (33) advisory opinion statements published as of June 30, 2005, the Board has issued from July 1, 2004 to June 30, 2005, individual advisory opinions in response to inquiries on specific nursing practice situations, summarized as follows:

#### **CARDIAC REHABILITATION—ROLE OF ARNP DESIGNATED NURSE PRACTITIONER (08/04)**

August 2004 -- It was the advisory opinion of the Board that it is within the scope of advanced registered nursing practice for the ARNP designated nurse practitioner to provide coverage in a cardiac rehabilitation program if the ARNP is educationally prepared and clinically competent to carry out the act in a safe and effective manner.

### **REGISTERED NURSES PRESCRIBING MEDICATION VIA ESTABLISHED PROTOCOL FOLLOWING TELEPHONE TRIAGE (12/04)**

December 2004 -- The Board advised that nurses do not have authority to issue a prescription drug order, or to submit a prescription to a pharmacist if the "prescription drug order" does not meet the definition in KRS 315.010(23). This statute defines "prescription drug order" as:

An original or new order from a practitioner for drugs, drug-related devices or treatment for a human or animal, including orders issued through collaborative care agreements. Lawful prescriptions result from a valid practitioner-patient relationship, are intended to address a legitimate medical need, and fall within the prescribing practitioner's scope of professional practice."

Concern was expressed that if a valid practitioner-patient relationship has not been established, then the nurse does not have the legal authority to issue the prescription in question.

Concern was further expressed that a protocol should hold the prescriber/provider accountable for the medical diagnosis and treatment of the patient. In addition, from a public safety perspective, the protocol should provide for health education, care, and follow-up for the patient population.

### **PERFORMANCE OF PUNCH BIOPSIES AND SMALL SKIN LESION SKIN EXCISIONS BY REGISTERED NURSES (12/04)**

December 2004 -- In response to an inquiry, the Board reviewed the following information: statutes governing registered nursing practice; Association of periOperative Registered Nurses (AORN) "Registered Nurse First Assistant Competencies," and "AORN Statement on RN First Assistants" (revised March 2004). Based upon this review, it was the advisory opinion of the Board that the performance of small skin lesion excision and punch biopsy are within the scope of registered nursing practice for the registered nurse who possesses substantial, specialized knowledge and current clinical competency in the performance of the procedures. The procedures should be performed under the supervision of a physician who is onsite and immediately available to the nurse.

### **ROLES OF NURSES IN SURGICAL SITE MARKINGS (12/04)**

December 2004 -- In response to an inquiry, the Board reviewed information published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) entitled, "Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery" (July 1, 2004); and "Frequently Asked Questions about the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery." The JCAHO has published the following information:

Who should mark the site?

The Protocol states, "The person performing the procedure should do the site marking." The word "should" is in contrast to the more definitive term "must," which is used elsewhere in the Protocol. It recognizes the need for flexibility to accommodate the logistical and procedural realities of the full range of surgical facilities. When it is not feasible for the person performing the procedure to mark the site, another member of the surgical team who is fully informed about the patient and the intended procedure must do the marking. In this context, the preoperative registered nurse is considered a member of the surgical team. Any delegation of responsibility for marking the surgical site must be consistent with applicable law and regulation (we are advised that some states may prohibit nurses from marking the surgical site). The organization must

ensure that whenever the responsibility for site marking is delegated to someone other than the person who will be doing the procedure, the safety of the patient will not be compromised. Note that while the Protocol requires that the patient be involved in the process, it is not expected, or even recommended, that the patient mark his/her own surgical site.

The Board advised that surgical marking should be performed as indicated by JCAHO, and that it is within the scope of nursing practice for a nurse to accept the delegation of responsibility to mark a surgical site as indicated in the JCAHO response entitled "Who should mark the site?"

#### **APPLICATION OF 201 KAR 20:400 TO DELEGATION OF TRIAGE TO PARAMEDICS IN A HOSPITAL EMERGENCY ROOM (12/04)**

December 2004 -- It was the advisory opinion of the Board that the process of triage by a paramedic falls under the provisions of KRS 311A.170(5)(a) and 902 KAR 20:016 Section 4(8)(b). This activity should be delineated in the established policies and procedures of the emergency department. Since the performance of triage is within the scope of paramedic practice and is permitted under 902 KAR 20:016 Section 4(8)(b), it is an act that may be performed under the supervision of a registered nurse, but is not an act that is delegated by the nurse. Further, a nurse is not required to meet the criteria in 201 KAR 20:400 Section 2 (3) prior to a paramedic providing triage. It was the opinion of the Board that triage, as performed by a paramedic, does not meet the requirements of 201 KAR 20:400 Section 2(3) and 902 KAR 20:016 (8)(a) 1 and 2.

#### **MIDCLAVICULAR CATHETER PLACEMENT--REFERENCE AOS #25 (02/05)**

February 2005 – The Board approved revisions to Advisory Opinion Statement #25 entitled "Peripheral Insertion of Central and Midline Intravenous Catheters by Nurses." The Board eliminated reference to "midclavicular" tip placement of PICC because published research reported high complication rates associated with midclavicular tip placement. Nurses should be familiar with current standards of practice and current literature addressing these findings. Applicable information has been published by the Association for Vascular Access (p.k.a. National Association of Vascular Access Networks - NAVAN) in an article entitled, "*Tip Location of Peripherally Inserted Central Catheters*," JOURNAL OF VASCULAR ACCESS DEVICES, Summer 1998.

#### **DELEGATION OF MEDICATION (SOLU-CORTEF) ADMINISTRATION BY UNLICENSED PERSONNEL IN SCHOOL SETTINGS (02/05)**

February 2005 -- The Board advised that a nurse should not delegate the administration of Solu-Cortef via an injectable route, to an unlicensed person in a school setting. In addition, the Board advised that an emergency plan of care should be in place that includes the immediate activation of the Emergency Medical System upon concern that the student may need the injection.

#### **ROLE OF LICENSED PRACTICAL NURSE IN CASE MANAGEMENT AND CHART REVIEWS**

April 2005 -- The members reviewed an inquiry addressing the role of licensed practical nurses in case management and chart reviews. The members discussed the general practice matter and agreed by consensus that it is within the scope of licensed practical nursing practice for the licensed practical nurse to participate in and assist with case management activities under the direction of a registered nurse.

**ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATION VIA A CONTINUOUS INFUSION CATHETER FOR MAINTENANCE OF A PERIPHERAL NERVE BLOCK (04/05)**

April 2005 -- Following review of the statutes governing nursing practice, it was the advisory opinion of the Board that:

- The responsibilities for assessment and evaluation of patients receiving a continuous infusion of medication for maintenance of a peripheral nerve block is within the scope of registered nursing practice. It is within the scope of licensed practical nursing practice for the licensed practical nurse to assist in the collection of data for assessment and evaluation purposes.
- It is within the scope of registered nursing practice for the registered nurse, based upon a medical order, to change the infusion pump settings. It is not within the scope of licensed practical nursing practice.
- It is within the scope of licensed practical nursing practice for the licensed practical nurse to participate in the maintenance of medication administration for a peripheral nerve block, by changing the infusion unit (pre-mixed, pre-labeled bag or syringe) on a peripheral nerve block infusion pump under the supervision of a registered nurse.

Each nurse must be educationally prepared and currently clinically competent to perform the acts in a safe and effective manner.

**All advisory opinion statements may be obtained from the Board office or from the KBN website <http://kbn.ky.gov>.**

Prepared by: Barbara McGee, Practice Assistant  
Bernadette M. Sutherland, MSN, RN, Nursing Practice Consultant